



I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MS Non Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
 On: 08/13/04
 By: Crystal Susa Printed: Crystal Susa

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Gillis, et al.

Title: COMPOSITE DRUG DELIVERY CATHETER

Serial No.: 10/059,895

Filing date: 01/28/2002

Examiner: Mendez, Manuel A.

Group Art Unit: 3763

MS Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Transmittal Fee Sheet (2pp., in duplicate);
3. Response to Restriction Requirement (10pp., in duplicate)
4. Power of Attorney (1pg.);
5. Statement under 37 CFR 3.73(b) (1pg.).

Fee Calculation – The fee has been calculated as follows:

CLAIMS AS FILED (Fees computed under §1.16)

Claims	Number Filed	Minus Claims previously paid for	Number Extra	Large Entity Rate	Fee	TOTAL
Total Claims	19	-20	0	X \$18		\$ 0
Indep. Claims	2	-3	0	X \$86		\$ 0
<u>— Multiple Dependent Claim(s), if any + \$140</u>						
			TOTAL FILING FEE \$0.00			

Applicants believe that no fee is due with this paper. However, if the Commissioner determines that a fee is necessary, the Commissioner is hereby authorized to charge any

additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-1953. A duplicate copy of this communication is enclosed.

If there are any questions regarding the above, the Examiner is invited to call the undersigned at 408-777-4915.

Respectfully submitted,
DURECT CORPORATION



Thomas P. McCracken
Reg. No. 38,548

Date: 13 AUGUST 2004

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